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LB 23

clearly criminalizes the intentional and knowing performance of an unlawful partial-birth abortion. Again, a medical professional who reacts to a spontaneous miscarriage by performing a procedure fitting the partial-birth description is not intentionally performing a partial-birth abortion procedure in an attempt to cause the premature termination of the pregnancy, so there is no intent, the medical profession cannot be prosecuted under LB 23. I hope again that clarifies that issue so we don't have to keep going back to that. I understand some people have a concern about that, here again I'm indicating why that should not be a concern under this particular circumstance. I want to provide some testimony from one of two Lincoln, Nebraska physicians who specialize in this area, obstetrician-gynecologists, who testified at the hearing. They were the only obstetricians and gynecologists that testified in Nebraska on these. No one testified in support of partial-birth abortion. In fact, there's only one individual that...in the...not part of the abortion industry that has expressed any support for this procedure. But Bruce Taylor, a Board certified, practicing obstetrician and gynecologist, who's been practicing here in Lincoln for 20 years, in Lincoln at our hearings testified. Let me describe the procedure to you as described by Mort Haskell, a partial-birth abortion. He states that over a couple of days they are dilating the cervix with dilitaria (phonetic). On the first day the patient is evaluated the cervix is dilated, five or six dilitaria (phonetic) are placed in the cervix. The patient is then sent home, and on the second day the first dilitaria (phonetic) are removed, and another 15 to 25 are placed in the cervical canal. The patient is again sent home, and on the third day comes back to the operating room. The dilitaria (phonetic) are removed, the surgical assistant gives the mother some pitocin to get the uterus to contract and the bag of waters is broken. The assistant then places an ultrasound probe on the patient's abdomen, locating the lower extremities, at which time the abortion assistant introduces a large grasping forceps, grasps one of the lower extremities, then applies firm traction on the instrument causing the infant to turn, and pulls the infant out as far as the delivery is concerned. I don't know how anyone can consider this humane, painless, safe, let alone be reasonable, and it's far from a life-saving procedure for the mother. That's what his testimony here. Those that want to go